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ABSTRACT

Systematic Human Relations Training (SHRT) is predicated on the basic assumption that there are certain core helper-offered conditions that are necessary in a helping relationship, i.e., empathy, respect, warmth, concreteness, genuineness, self-disclosure confrontation, and immediacy. This, however, is only part of the model. The second basic assumption is that the preferred stages of problem exploration and resolution include the three steps, or goals, outlined by Carkhuff: helpee self-exploration leads to helpee understanding leads to appropriate helpee action. The author details these three steps and explores the concept of "helping is learning" as an element in training the paraprofessional. The SHRT model allows for different goals for different levels and/or amounts of training. The model indicates that an internship-type experience with an "expert" trainer is the preferred mode for developing a trainer. In addition, this paper reviews the process of training in systematic human relations as well as the qualifications necessary for a trainer or trainee. The author concludes by citing extensive research on groups trained through the SHRT model and proposes areas for future research. (Author/PC)

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Systematic Human Relations Training[1]

for Paraprofessionals

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Introduction and Overview

I believe that it is only fair to begin by saying that when I first learned Charles Truax and his colleagues were systematically training professionals and paraprofessionals alike in "helping" skills, I had serious doubts about the process. As I began to study the papers that first originated from the Carl Rogers' group at the University of Wisconsin, then the Truax group at the University of Kentucky and later from the University of Arkansas, still later from the Carkhuff group in Buffalo, New York and at the American International College at Springfield, Massachusetts, the overwhelming mass of evidence began to support the possibility of certain helper-offered core conditions that when present in certain high levels led to helpee improvement and when absent or present in low levels led to helpee deterioration. Many of these studies have been reported in Truax and Carkhuff's (1967) Toward Effective Counseling and Psychotherapy: Training and Practice; Carl Rogers, Gendlin, Kiesler, and Truax's (1967) The Therapeutic Relationship and its Impact: A Study of Psychotherapy with Schizophrenics; Berenson and Carkhuff's (1967) Sources of Gain in Counseling and Psychotherapy; Carkhuff and Berenson's (1967) Beyond Counseling and Therapy; Carkhuff's (1969) two-volume Helping and Human Relations: A Primer for Lay and Professional Helpers; Carkhuff's (1971) The Development of Human Resources: Education, Psychology, and Social Change; and Gazda, et al. (1973, in press) Human Relations Development: A Manual for Educators, and Human Relations Development: A Manual for Health Sciences. In addition to these references, a couple hundred studies at least have been reported in journals, and numerous models based on the concept of core conditions have appeared. Later in this paper I shall cite just a sample of the research that has been done relative to the model that we adapted from the sources that I have just cited.

I believe that the impetus for the kind of research that led to models for systematic training in helping skills, originated with Carl Roger's (1957) classic report entitled "The necessary and Sufficient Conditions of Therapeutic Personality Change." In this report Rogers speculated or hypothesized that there were certain therapist and client offered conditions that could be specified and (he specified them) if present would lead to "personality change."

Most of the research focused on the therapist-offered conditions and much remains to be done relative to the client-offered conditions involved in personality change through the "helping relationship."

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[1] Parts of this paper have been reproduced from Gazda, G.M., et al., (1973 in press) Human Relations Development: A Manual for Educators and Human Relations Development: A Manual for Health Sciences. Boston: Allyn and Bacon, Inc.

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Time does not permit me to dwell on the research that supports the isolation and definition of the core conditions (therapist-offered). Let me just say at this point that there seems to be more evidence to support the "facilitative" dimensions of empathy, unconditional positive regard or respect and genuineness than the more action-oriented dimensions added later by Carkhuff. And even with the facilitative dimensions, Mitchell (1973) recently reported that with a heterogeneous sample of 75 practicing therapists in the United States, genuineness was the only therapist-offered condition that was even modestly related to client change in individual psychotherapy. However, in spite of the equivocal support of the existence of the core conditions, there is more evidence to support such an approach to training than I find with any other model.

Rationale of the Systematic Human Relations Training Model

Systematic Human Relations Training (SHRT) is predicated on the basic assumption that there are certain core helper-offered conditions that are necessary in a helping relationship, viz., empathy, respect, warmth (expressed primarily non-verbally), concreteness, genuineness, self-disclosure, confrontation, and immediacy. But this is only part of the model. The second basic assumption is that the preferred stages of problem exploration and resolution include the three-steps, or goals that have been outlined by Carkhuff (1969ab); helpee self-exploration leads to helpee understanding, leads to helpee appropriate action/direction. Figures 1 and 2 illustrate this process. This process is described below.

The Process of Helping

Figure 1 contains the key concepts in the helping model developed by Carkhuff (1969ab; 1971b; 1972a). We begin with the procedural goals for basically normal individuals of all age levels. Of course, when dealing with a very young child, the adult communicates through direct action. For example, the adult communicates to the young child directly by cuddling, squeezing, feeding, cleansing, hugging, rocking, spanking and so on. Often he adds words to describe the action even when the child cannot understand the words, and he also responds to the young child with verbal and nonverbal media that express the way he feels about the child at the moment.

The first phase of helping is directed toward <u>establishing a base</u>, or building a good relationship with the helpee. It might entail verbal expression, nonverbal expression, direct physical action, or a combination of all of these modes depending upon the age, intelligence, and degree of contact with reality of the helpee.

Preparing for a space shot and firing the rocket is analogous to the two basic phases of helping: facilitation and action. Before a rocket can be fired many preparations must be made. First, a very strong base must be built under the rocket to hold it and to sustain the backward thrust when it is fired. Similarly, in a helping relationship, the helper must first use the less threatening (facilitative) dimensions to prepare and sustain the helpee for the more threatening but often necessary action or initiative dimensions. If the helper carefully builds his base

with the helpee, he will help ensure his success when he becomes conditional with the helpee at a later action period. Carkhuff (1971a) succinctly stated the importance of the facilitation phase of helping when he said, "Even if you have just fifteen minutes to help, you must use five minutes or so responding [facilitating] to the helpee in order to find out for sure where the helpee is before starting to put the picture together initiating and acting upon that picture" (p. 22).

Facilitation dimensions. The helper begins to build his base with the helpee by first emphasizing empathy, respect, and warmth in his responses. (Concreteness and genuineness, though not emphasized during this phase) (see Figure 2) can hardly be excluded from the interaction. Figure 2 shows how responding with the facilitative dimensions leads to increased helpee exploration (the first goal of helping).

To achieve success in the first goal of helping, the helper must be able to refrain from acting on his judgments about the helpee. Virtually no one can refrain from making evaluations or judgments about others, but we have found that a helper can refrain from acting on his judgments. This is especially important if his early evaluations or judgments are negative. For example, a helper may initially be repulsed by a helpee for a number of good reasons; nevertheless, if he can suspend acting on these feelings, he can usually discover something good or likeable about the helpee and at that point begin to invest in the helpee and build a base from which to work. If, after a reasonable time, the helper is unable to develop some interest in or positive feelings toward the helpee, he should refer the helpee to someone more likely to be able to help or refrain from assuming the "helping" role with the person whichever is relevant.

"Putting oneself in the shoes of another" and "seeing through the eyes of another" are ways of describing empathy. Empathy appears to be the most important dimension in the helping process (Carkhuff 1969a, p. 202). If we cannot understand (empathize with) the helpee, we cannot help him, i.e., in the problem-solving sense of this model.

Another facilitative dimension is respect. We cannot help someone if we have no faith in his ability to solve his own problems. Respect develops as we learn about the uniqueness and the capabilities of a helpee. It grows as we observe his efforts in many aspects of his life.

Warmth or caring is closely related to empathy and respect. We tend to love or have concern for those we know (understand) and believe in (respect). It is difficult to conceive of being able to help someone we do not care for. ("Help" here means to "make a significant investment in.") In this model, we have chosen to emphasize the communication of warmth primarily through nonverbal means.

Transition dimensions-- helper-oriented. As the helper begins to develop a base with the helpee through emphasizing empathy, respect, and warmth, the helpee self-explores in greater and greater depth. In fact, the clue to whether or not the helper is being successful in the early phase of helping is based on the degree to which the helpee uses helper responses to make deeper and more thorough self-explorations.

With repeated interchangeable helper responses (level 3)--responses that give back to the helpee essentially that which he has given to the helper-- the helpee often begins to repeat himself and "spins his wheels" or reaches a plateau of self-exploration and understanding. It is at this point that the helper needs to draw upon some new dimensions to encourage the helpee to risk more self-exploration. The dimensions of concreteness, genuineness, and self-disclosure are next carefully implemented (see Figure 2). When the helper presses for greater concreteness or specificity on the part of the helpee, he introduces a certain degree of threat. (This dimensions is sometimes the exception to the general progression from level 3 to 4 across phases. With some individuals less concreteness may be allowed in the transition phase than in the facilitative phase because they may need to "free associate" in order to elicit relevant material.) Greater threat also occurs when the helper becomes more genuine and sets the stage (by his modeling of genuineness) for the helpee to become more genuine. Helper self-disclosure encourages greater intimacy in the relationship, which can lead to increased threat to the helpee. In other words, these three dimensions increase the threat-level for the helpee, and are thus similar to the action dimensions. Because they may be facilitating as well as initiating, these dimensions are referred to as transition dimensions. In addition to the relationship between level of threat and the action phase, these three dimensions are also utilized in the problem-solving or planning stages of the action phase.

Specifically, concreteness refers to the helpee pinpointing or accurately labeling his feelings and experiences. The helper facilitates this by being specific himself, or at least as specific as the helpee has been (interchangeable). When he is more specific than the helpee, he is going beyond where the helpee is, or he is additive. If the helper's timing of his use of additive concreteness is correct, the helpee can achieve greater understanding than when the helper was more vague about his problem or concern.

Genuineness refers to the ability of the helper to be real or honest with the helpee. His verbalizations are congruent with his inner feelings. Whether or not the helper's genuineness is useful to the helpee will often depend upon the helper's ability to time his level of honesty so as to lead to greater trust and understanding. As Carkhuff (1971a, p. 21) has said, "Helping is for the helpee." If the helpee cannot utilize the helper genuineness, it may be useless or even hurtful. The saying "Honesty is the best policy" is not always correct, especially if brutal honesty is employed and the recipient is not capable of dealing with it to improve himself. To illustrate, encounter groups are often harmful to certain persons, especially when, as is sometimes the case, frankness precedes the establishment of a solid base or relationship.

Self-disclosure by the helper can lead to greater closeness between helper and helpee if it is appropriate or relevant to the helpee's problem. If the helper "has been where the helpee is at" and has found a solution to the problem, this can be reassuring to the helpee. Furthermore, the helpee's potential solution may even be similar to the one employed by the helper. The success of Alcoholics Anonymous and other self-help groups is related to this dimension. The drinking alcoholic, for example, looks to the "dry alcoholic" of AA for the solution to his own problem. The "speaker" phase of AA thus uses the self-disclosure dimension.

When helper self-disclosure is premature or irrelevant to the helpee's problem, it tends to confuse the helpee and/or put the focus on the helper. There is a danger of stealing the spotlight when the helper self-discloses prematurely and inappropriately; therefore, self-disclosure should be used sparingly and only when it can be predicted with a high degree of certainty that it will be relevant to the helpee's concerns and increase his understanding of his problem or identify the potential action needed in its resolution.

Transition dimensions-- helpee-oriented. The transition dimensions of concreteness, genuineness, and self-disclosure can be used to predict the degree of success of the helpee's help-seeking. The degree to which the helpee can be concrete about his problem (can label it accurately, for instance), can be honest and open with the helper, and can self-disclose at high levels will determine whether or not the helpee will, in fact, receive help. Of course, the other important factor in the help-seeking equation is the helper. If the helpee chooses to be concrete, genuine, and to self-disclose to a person who is incapable of helping him, the helpee may become disillusioned or, worse still, hurt. Helping can be for better or for worse (Truax & Carkhuff, 1967, p. 143).

The prospective helper can predict the relative success that he might achieve with a given helpee. For example, the helper can rate the helpee on the scale for help-seeking, e.g., his ability to be concrete about his needs and problem, his ability to be genuine with the helper, and his ability to disclose personally relevant material.

If the prospective helpee talks about his concerns in vague and general terms (not concrete), is observed to be playing a role or relates in a superficial or phony manner (not genuine), and does not make personally relevant disclosures, the helper is relatively safe in predicting that the helpee will be difficult to help. Also, the process might require a relatively long period of time in developing the base--the first phase of helping--before any positive action may occur.

Action dimensions. The action or initiative phase of helping may be considered as the most important phase. It is in this phase that tough decisions are made and that hard work must be done. It is the ultimate test of whether or not the helper is, in fact, the "more knowing" individual and is tough and confident enough to believe both in his own and his helpee's ability to come up with a plan of action (strategy) and follow through on it when the going gets difficult. The helper must be capable of helping develop a plan or strategy for the helpee that will lead to the successful resolution of the helpee's current problem and provide him at the same time with a method for attacking future problems.

If the helper has not resolved the particular problem or concern in question, it is highly unlikely he can assist the helpee. You cannot help someone else solve a problem that you have not resolved yourself is a maxim every helper must use to guide his helping attempts. If the helper knows himself, he will be unlikely to enter into a helping relationship in a problem area that remains unresolved for himself.

There is another cardinal rule in helping: One does not confront

nor emphasize the action dimensions until he has earned the right, that is, has built the base. We often hear, especially from young people, "Tell it like it is." Telling it like it is often is tantamount to confronting someone. We must emphasize once more that one can be most punitive or harmful when he is being brutally honest and confronting. Confrontation, a key action dimension, can be extremely helpful when the helpee has learned, from earlier experience, that the helper is concerned about his welfare and cares enough even to risk the relationship to "level" with him.

Frequently, confrontation refers to dealing with a discrepancy between what the helpee has been saying about himself and what he has, in fact, been doing. A common confrontation is assisting a helpee to face the reality of a situation. The most threatening type of confrontation is one that does not allow the helpee to "save face." This is the type of confrontation that deals with the here and now. When you catch a person behaving contrary to the way he claims to behave and you confront him directly with it, it is difficult for him to deny it. He has few good means of defense and may use denial and other inappropriate short-term mechanisms that have long-term disadvantages. For example, if a mother catches her child in the cookie jar and accuses him of stealing cookies, the child may actually deny that he was taking a cookie. This often happens; the child often denies reality when the external threat is great enough. Parents, teachers, and other significant adults often unknowingly teach children to lie and deny reality by their use of threats. Similarly, supervisors or other authorities may inadvertently create a degree of fear or threat that leads their supervisees to deceitful behavior.

The last dimension, immediacy, is often related to confrontation. It refers to what is really going on between helper and helpee. When the helpee is unaware of his reactions toward the helper, the helper may need to describe or explain them. It includes "telling it like it is" between helper and helpee in the here and now. The helpee can gain a better understanding of himself, especially how he affects others (in this case the helper), when the helper appropriately uses the immediacy dimension. Once again, he must time his employment of immediacy so that the helpee can use it productively.

The productive use of the action dimensions of confrontation and immediacy can be guaranteed by taking the position that "the customer (helpee) is always right." By this we simply mean that regardless of how brilliant and creative the responses of a helper may appear to be, if the helpee cannot use them in solving his problem, they are worthless - if not harmful - to him.

The courses of action that may be outlined for the helpee to achieve his goals or to give him direction may be many and varied. They may involve the physical, emotional, intellectual, and spiritual domains or all four.

The courses of action that are selected to follow are not likely to be effective if the "whole" person in the form of the helpee is not considered. Lazarus (in press) has developed a model that encourages

the person to be considered with respect to his deficits in behavior, affect, sensation, imagery, cognition, interpersonal relations and total health. When the deficits are also considered in conjunction with a person's assets, the "whole" person is being involved and a complete program or course of action is possible.

Carkhuff (1973) has provided a unique and systematic method for assisting the helper and helpee explore the helpee's value system as it relates to potential courses of action to be undertaken. When this system is related to that of Lazarus a complete system for problem solving is available.

The principles involved in implementing a course of action recommended by Carkhuff (1969a, p. 243) are summarized as follows: (1) The helper must check with the helpee at all stages of development and implementation to be sure that what is planned or performed is relevant to the helpee's functioning. (2) The focus of change should usually be on the helpee first and only secondarily on the helpee's relationships with others. (3) Only those measures or procedures that ensure the highest probability of constructive change are employed. (4). The emphasis is on outcomes and the achievement of attainable goals. The helper and helpee must be shaped by the feedback that they receive.

Often the real test of a helper, as stated earlier in this paper, will be whether or not he and the helpee together can develop appropriate plans of action or programs for the helpee. Frequently the helpee will be unable to develop completely his own course of action and will require help in structuring his program. When the helpee cannot participate fully in the program planning, Carkhuff (1969a) cautions the helper to develop programs that will "enable the helpee to carry some of the burden of responsibility for his own life" (p. 243).

Helping is Learning

As the helper shows empathy, respect, and warmth, the helpee explores himself and his problem. As the helper continues to show empathy, respect and warmth, and displays appropriate levels of concreteness, genuineness, self-disclosure, and confrontation, the helpee begins to understand himself and his problem. After the base is built, the helper uses high levels of confrontation and immediacy to help the helpee take action or find direction.

This description is oversimplified, but generally this is the pattern of helping. An important understanding is that during this process the helper is really reinforcing certain behaviors and extinguishing others. Showing empathy, respect, and warmth generally reinforces whatever the helpee says or does, which increases the probability of self- and problem exploration.

Responding with appropriate levels of concreteness, genuineness, self-disclosure and confrontation (only about discrepancies in what the helpee is saying) results in more selective reinforcement. The helper is no longer speaking strictly from the helpee's point of view. He

begins to focus on the aspects of helpee behavior that he thinks will be more productive; he begins to relate more of his own feelings that reinforce in a certain direction, and he points out discrepancies in helpee behavior. These helper behaviors increase the probability that the helpee will understand himself and his problem.

If an adequate relationship has been established, high levels of confrontation clearly reinforce certain kinds of behavior and extinguish others. These helper responses increase the probability that the helpee will act on his problem and try to find some direction to follow that may solve his problem.

The art of helping is first knowing how to respond helpfully and then knowing when to use interchangeable responses or to use higher level responses employing the various core dimensions. Many beginning helpers learn to show interchangeable empathy, respect, and warmth, but never become capable of displaying other more action-oriented dimensions. They often say, "I don't want to be responsible if he makes the wrong decision so I always make sure it's his decision" or "I don't want him to become dependent on others to make his decisions." These are legitimate concerns but they must be kept in perspective.

The helper who displays only interchangeable empathy, respect, and warmth is not very selective in what he reinforces. This often results in the helpee accepting his problem as a permanent part of himself instead of solving it. If he is rewarded for discussing his problem over and over without moving toward some conclusion, he becomes desensitized to the problem and begins to think it's OK to have this problem. It's like the thirty-year-old man who went to a psychotherapist for his bed-wetting problem. For several months the therapist displayed much empathy and respect. Later, when asked whether he had quit wetting the bed, the young man exclaimed, "No, but I feel a lot better about it now!"

It is extremely important for helpers to be aware of what behaviors they are reinforcing. The art of helping includes knowing what behaviors to reinforce at a given time and how to do it as well as knowin g which behavior to extinguish and how to extinguish it affectively.

Goals of Systematic Human Relations Training

Our SHRT model allows for different goals for different levels and/or amounts of training. We have found that with approximately 20 hours of training the trainees can "master" the facilitative dimensions at minimally helpful levels; with an additional 20 to 30 hours of training they can add the transition dimensions to the facilitation dimensions mastery; and with 20 to 50 hours of training they can achieve mastery with the action or initiative dimensions along with facilitation and transition dimensions. In approximately 100 hours, the higher functioning trainees can become trainers. An internship-type experience with an "expert" trainer is suggested as a preferred mode for developing a trainer.

Specific Capabilities

Facilitation skills. As cited earlier, for minimum training of

approximately 20 hours, we expect the trainer to be able to practice good attending behavior, including ability to perceive at between level 1 and level .5 on the Index of Perception (see Human Relations Development: A Manual for Educators) and, to respond at level 3 or above with empathy, respect, and warmth on the Index of Responding (see Human Relations Development: A Manual for Educators) or in standard or "constant" role situations as evaluated by expert judges using the Empathy Scale, Respect Scale, Warmth Scale or the Global Scale (see Human Relations Development: A Manual for Educators.)

Facilitation action (transition) skills. After 40 to 50 hours of training, the trainees are able to give more level 3 and 4 responses because they can now "go beyond" the level of immediate awareness or surface expression of feelings of the helpee and they can begin to initiate out of their own experience utilizing the dimensions of concreteness, genuineness and self-disclosure in assisting the helpee understand his problems. As in evaluating the facilitation skills, the trainee is evaluated on the Concreteness Scale, Genuineness Scale, Self-disclosure Scale or the Global Scale.

At this stage the trainee's perceptual index approaches .5 based on the Index of Perception.

Action (initiative) stage. With somewhere between 50 to 100 hours of training the "average" trainee achieves mastery of the ability to respond with confrontation and immediacy at level 3 or above as measured on the Confrontation Scale, Immediacy Scale or Global Scale in either a written context or simulated standard role context. In addition the trainee has the ability to utilize the Carkhuff matrix for eliciting decision-making using values and alternative solutions to problem solving plus the ability to utilize the Lazarus system of BASIC ID. In other words, the trainee is capable of using systematic procedures for developing a helpee program for problem resolution. At this stage the trainee is expected to be cognizant of the need to continue to add to his repertoire of intervention strategies, to maintain his energy level through a regular program of exercise and proper nutrition, and to commit himself/herself to a regimen of continuous self-appraisal and personal growth.

Process of Training in Systematic Human Relations

Effective training for paraprofessionals, involves as it does with professionals also, the essential conditions in all or almost all types of teaching-learning situations: tell, show, and do. That is, the trainee is first given an explanation or a rationale for the training model. This is done didactically and supplemented with figures, slides, illustrative examples, et cetera. Next the trainer models what he expects the trainee to do, and finally the trainer asks the trainee to do the exercise. This system is repeated for each new core dimensions or concept. Homework is also assigned between training sessions to ensure the transfer of training from the training session to everyday interactions. Trainees are encouraged to practice on strangers or relative strangers since close friends or family may at first interpret the new behavior as phony until the trainee is able to integrate it into his own style.

Essentially, the trainer trains as he lives, i.e., he employs the core dimensions with trainees in the same relative sequence in building his relationship with the trainees as he asks them to do with their contacts/helpees. The first goal is to reduce the threat level in the group so that the trainee is willing to try out new responses without fear of criticism. The ultimate goal is for the trainee to master the rating scales, especially the Global Scale so that he becomes his own critic in out-of-training sessions.

Paraprofessionals or functional professionals, a la Carkhuff (I also prefer functional professionals) are interested in procedures that are effective. Therefore, we emphasize how to proceed or how to self-evaluate the effects of their responding on the helpee and act on the feedback from the helpee.

We begin with teaching attending/listening skills because they are pre-requisite to understanding and further opportunity to help. If you do not understand a helpee, you cannot take the next steps in helping.

The Trainee

The trainee may come from any and all walks of life. The basic pre-requisite is that he wants to improve his interpersonal, communications, and helping skills-- receptivity to training. In addition, he should be in good physical and emotional health and not rigid and judgmental. It helps if the trainee has a good vocabulary of "feeling" words, but more important is his determination to learn and willingness to be evaluated and self-evaluate. He/she, of course, should be acceptable to his peer group so that he can function within it as a "helper."

The trainee must have respect and appreciation for the ability of another person to take responsibility for and resolve his/her problems. The trainee must be able to refrain from taking over for the helpee.

The Trainer

The trainer must have all of the personal qualities of the trainee just described and in addition he/she must have a large repertoire of examples and experiences relevant to the trainees. The trainer must also have a great deal of creative talents to develop training materials such as audio-video and the like.

Carkhuff (1969a) enumerates several distinct advantages that the lay helper seems to have over the professional practitioner:

> He appears to have a greater ability (1) to enter the milieu of the distressed; (2) to establish peer-like relations with persons needing help; (3) to take an active part in the client's total life situation; (4) to empathize more effectively with the client's style of life; (5) to teach the client, within the client's own frame of reference more successful action; and (6) to provide the client with an effective transition to higher levels of functioning within the social system (p. 10).

Groups Trained Through the Systematic

Human Relations Training Model

The trainees of this model range from in-patient psychiatric patients to psychiatrists and psychiatry residents. Of course, the psychiatrists and psychiatry residents could not be classified as paraprofessionals. Most research studies have concentrated on training paraprofessionals to develop good interpersonal communication or helping skills; however, considerably fewer have evaluated the effectiveness of the paraprofessionals as peer helpers once they were trained.

Before I review some of the research of SHRT with paraprofessionals, I think one needs to recognize that some people who are professionals in their training may not be professionals in helping skills and therefore even though they are highly trained in some professional area they would be paraprofessionals in the area of interpersonal relations. Thus teachers for example, are not taught therapeutic skills and may be considered paraprofessionals in this area.

Although Truax and Carkhuff and their colleagues have trained numerous groups of paraprofessionals with their models, I shall limit most of my research review to the model that my colleagues, students and I have developed which is very similar to the Carkhuff model described in Helping and Human Relations, volumes one and two. A basic difference in the model that I use is the revised scales for the core conditions and the Global Scale. These scales were changed from a five-point to a four-point scale and each level of each scale was redefined and revised to reflect more obvious behavioral characteristics exemplified by the helper. (These scales may be found in Human Relations Development: A Manual for Educators, by Gazda, et al., 1973 and Human Relations Development: A Manual for Health Sciences by Gazda, et al., in press.)

The following groups of paraprofessionals have been trained with the Gazda, et al. (1973, in press) model, which was adapted from the Carkhuff Human Resources Development Model: undergraduate students in teacher education, teacher educators and supervisors, physicians (medical educators), nurses, physical therapy students, public school teachers, religious educators, vocational education supervisors, health educators, school principals, dental educators, dental students, dental assistants, nursing assistants, licensed practical nurses and LPN students, military race relations specialists, parole and probation officers, alcoholics, college sophomores, high school and junior high school students, psychiatric patients, boarding school houseparents, clerical and secretarical personnel, medical, dental, and nursing school administrators, graduate teaching assistants, medical students, and YMCA personnel. In addition, plans are underway to train inmates (trustees) to serve as probation and parole "helpees" for juvenile offenders.

Before I summarize a sample of these studies, I would like to indicate that the majority of statistically significant results were reflected through the written responses of trainees on the Index of Responding or some modified version of it. This Index contains helpee statements or stems that require a response by the trainee/helper. Responses must be judged by trained judges, Inter-judge reliabilities using the Ebel formula usually range between the mid-.80's to the mid- .90's when judges use the Global Scale (see Gazda, et al., 1973) to evaluate the Index of Responding

data. Stability reliability on the Index of Responding was determined by Falany (1973) to be .90 when corrected for a restricted range.

The second most popular means for evaluating trainee change was the use of a standard role situation that was audio- or video-taped and then rated by expert judges (using the Global Scale) much the same as the Index of Responding. Expert judges/raters obtain r's of between .85 to .95 with the Ebel formula when inter-judge reliabilities are obtained on judges/raters of standard/constant role situations. These constant role interactions ranged between three to five minutes in duration.

In an attempt to validate the Global Scale as an instrument for rating different levels of responses, Walters (1973) used a measure of pupillary response to stimulus statements of pre-rated levels 1.0 (hurtful or irrelevant) 2.5 (neither helpful nor harmful-- neutral) and 4.0 (very helpful). The effect of communication level was statistically significant ($p. < .01$). Gains in pupil diameter over base period during the 1.0 and 4.0 stimuli were approximately 13% compared with gains of about 6% in response to 2.5 stimuli. As predicted very low and very high level responses received by a helpee will create significantly greater emotional reaction (cognitive processing) than a less potent response. This study suggests that there is greater or lesser cognitive processing (emotional response) to the varying levels of responses measured by the Global Scale.

The following studies showed significant changes on the Index of Responding and/or standard role at posttesting. Hornsby (1973) found that 72 female undergraduate teacher education majors made significant ($p < .001$) changes on the Index of Responding after 18 hours of SHRT. Bixler (1972) found that 120 undergraduate teacher education majors made statistically significant changes ($p. < .001$) on the Index of Responding after approximately 18 hours of SHRT. Balzer (1973) also showed that 128 undergraduate teacher education students made statistically significant ($p. < .01$) changes on the Index of Responding following 18 hours of SHRT. Taylor and Barnes (1973) reported statistically significant ($p. < .01$) gains for small groups of in-service teachers and administrators who received varying amounts of SHRT (between 50 and 100 hours) based on the Index of Responding. Hanners (1974) demonstrated that SHRT staff and peer trainers could obtain statistically significant gains ($p. < .005$) on undergraduate teacher education students (N=37 and 38, respectively) who received 18 hours of SHRT and who were tested on the Index of Responding and on a standard role posttest. Seidenschnur (1975) demonstrated that a team of health care personnel from an orthopedic hospital unit could significantly increase their level of responding on a modified Index of Responding following 30 hours of SHRT. A significant increase in morale of the trainees also persisted for at least five weeks following training. Layser (1974) was able to show a statistically significant increase ($p. < .05$) in 16 houseparent couples (N=32) on the Index of Responding following 24 hours of SHRT over 12 weeks.

In related SHRT studies, Childers (1973) was able to show that student teachers who received 15 to 18 hours of SHRT were able, during student teaching one year following training, to use significantly less ($p. < .05$) criticism of their students, stimulate significantly more ($p. < .05$) student talk, and make significantly ($p. < .05$) more responses to students based on observers ratings using the Flanders scale.

Balzer (1974) was unable to obtain statistically significant changes

on a variety of personality measures, word observations and a standard role, following 24 two-hour sessions of SHRT given to eight psychiatric patients by trained nurses. However, of the eight SHRT-patients four were able to co-lead therapy groups with a professional nurse-therapist following training. Following training three of the four peer-helpers who were discharged were continuing their interest in helping by studying psychology in college, doing volunteer "helping" with youth groups, and with the American Red Cross. The fourth peer helper was not discharged but volunteered to co-lead a group with the nurse on his new ward.

Ciucevich (1974) was able to show that five undergraduate teacher education students who received 40 hours of SHRT realized a significant gain in the perceived degree of presence of the core dimensions from training session three to nine based on a Modified Leader Effectiveness Scale. Ciucevich's peer-led groups also showed a significantly greater perceived degree of presence of the core dimensions than the expert-led groups at the end of nine two-hour sessions of training. (Hanners had used the same Ss in his outcome study and the trainees of peer-trainers and expert trainers also made statistically significant gains on the Index of Responding and a standard role evaluation. There was no significant difference, however, between peer-led and expert-led trainee gains.)

Deneen (1973) was able to use a modified Index of Responding (Dental Communication Index) to show a significant ($p. < .001$) increase in 18 dental students' levels of responding. He was also able to show that dental assistants and auxiliaries rated those co-workers functioning at higher levels interpersonally as more desirable work partners and as more attractive persons with whom to associate. Deneen, King, and Deneen (1973) in an unpublished study were able to show significant ($p. < .005$) improved levels of responding of nurses and nursing assistants based on the Nursing Index of Responding following 22 hours of SHRT. In this study the authors correlated the Ss POI scores with post Nursing Index of Responding Scores and found statistically significant correlations on several criteria leading them to conclude that "These data help in validating the Index of Responding as an effective means of distinguishing self-actualized versus non-self-actualized nursing professionals" (n.d., p. 3).

Desselle (1974) used three student teachers who had received 20 hours of SHRT to facilitate a group of fourth graders over a period of 10 weeks (meeting three days a week). These three student teachers also used the Focus on Self-Development kit by Science Research Associates. The fourth graders were rated by trained raters using the Coping Analysis Schedule for Educational Settings (CASES). The fourth graders who received training by the SHRT student teachers were observed to be more cooperative in their behavior than fourth graders not receiving training. Fourth graders receiving training were rated more positively by their teachers than other fourth graders in the same class who did not receive training. The Ss included 30 fourth graders who received human relations training in groups of 10. The experimental-control group consisted of 30 fourth graders from the same class who participated in reading enrichment classes. A third group of 30 fourth graders was selected to be controls for the interpersonal interaction between the experimental and experimental-control groups.

In a study using similar indices as the Empathy Scale and Global Scale, Lamond (1974) trained a group of four problem boys ranging in age from 10 to 13 in a group containing four role models of the same relative age. The group met twice a week for 10 sessions and a total of 20 hours over a 2½ month period. Compared to a control group the experimental group made statistically significant ($p. < .001$) on the criterion variable of empathic understanding.

Future Research

Future research should include greater efforts to measure the effects of trained paraprofessionals on their peer-trainers such as in the Manners, Ciucevich, and Desselle studies. That is, greater spread of effect could result if high functioning paraprofessionals would become SHRT trainers in addition to professional SHRT trainers. More longitudinal studies need to be performed to evaluate long-term effects on trainers and those with whom the trainees interact. Increased levels of functioning based on the Index of Responding and standard role evaluations need to be related to relevant behavioral indices.

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Appendix A

Types of Helpee Statements

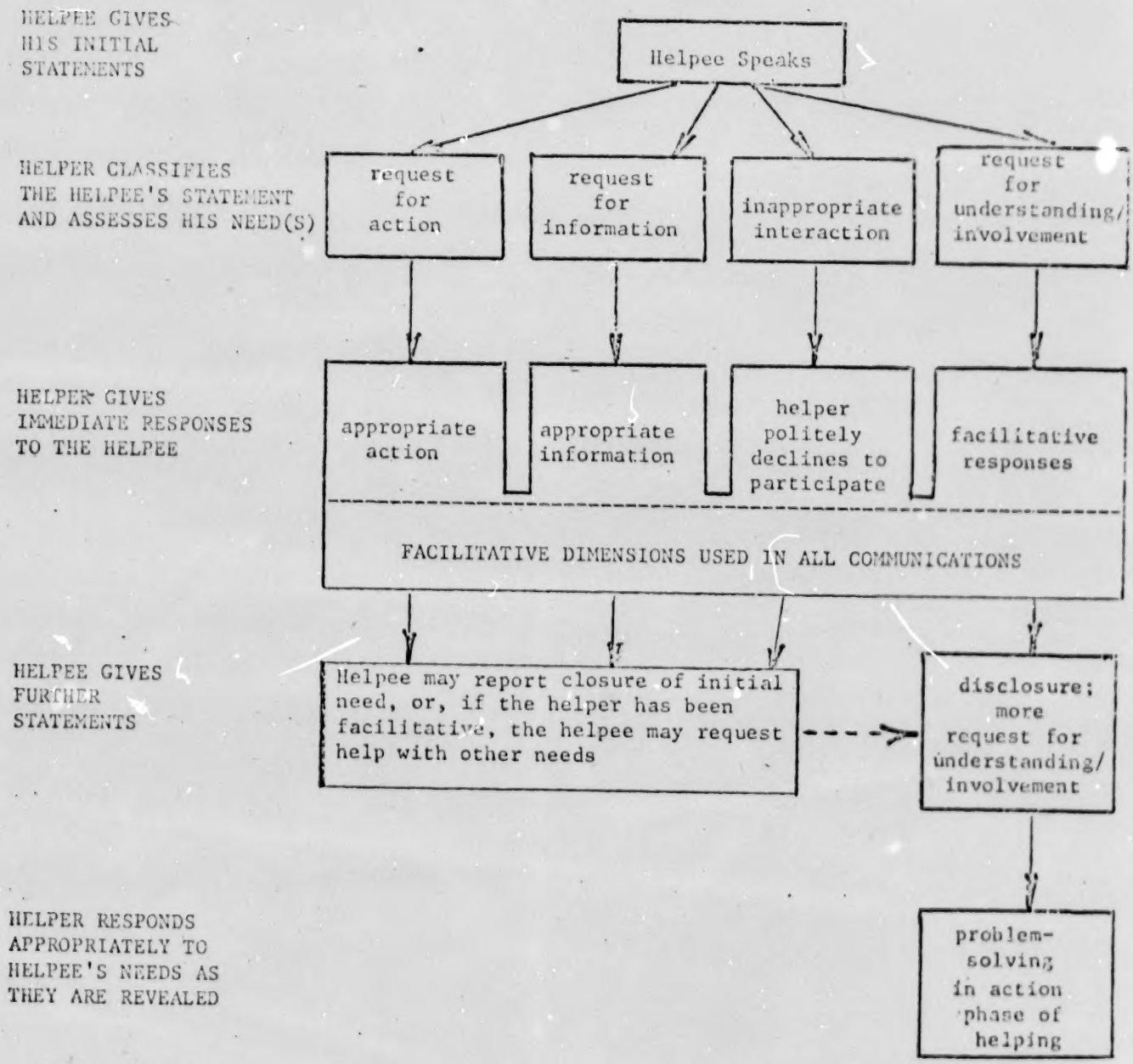
HELPEE GIVES HIS INITIAL STATEMENTS
Helpee Speaks
HELPER CLASSIFIES THE HELPEE'S STATEMENT AND ASSESSES HIS NEED(S)
request for action
request for information
inappropriate interaction
request for understanding/ involvement
HELPER GIVES IMMEDIATE RESPONSES TO THE HELPEE
appropriate action
appropriate information
helper politely declines to participate
facilitative responses
FACILITATIVE DIMENSIONS USED IN ALL COMMUNICATIONS
HELPEE GIVES FURTHER STATEMENTS
Helpee may report closure of initial need, or, if the helper has been facilitative, the helpee may request help with other needs
disclosure; more request for understanding/ involvement
HELPER RESPONDS APPROPRIATELY TO HELPEE'S NEEDS AS THEY ARE REVEALED
problem-solving in action phase of helping

Figure 1

OUTLINE OF THE KEY CONCEPTS OF A HELPING RELATIONSHIP

FACILITATION PHASE.	TRANSITION PHASE.	ACTION PHASE.
Helpee describes symptoms. Helper suspends acting on evaluations. Helper's tenderness emphasized; helper "earns the right" to risk conditionality.	Helpee defines problem and accepts his responsibility for its change. Helper gently presses the helpee toward recognizing his (helpee's) role. Helper cautiously and tentatively becomes more evaluative.	Helpee takes appropriate actions to solve problem. Helper may be conditional judgmental. Helper's or self-confidence and knowledge is emphasized.

Procedural Goals:

Self-Exploration → Better Self-Understanding → More Appropriate Action or Direction

Facilitative Dimensions*	Transition Dimensions*	Action Dimensions*
Empathy (depth-understanding)	Concreteness (ability to be specific)	Confrontation (pointing out discrepancies)
Respect (belief in)	Genuineness (honesty-realness)	Immediacy (telling it like it is between helper and helpee in the "here and now.")
Warmth (caring-love) (non-verbal)	Self-disclosure (Ability to convey appropriately "I've been there too.")	

*Each of the eight dimensions involves the act of perceiving (becoming aware of) and the act of responding (acting on awareness).

Figure 2

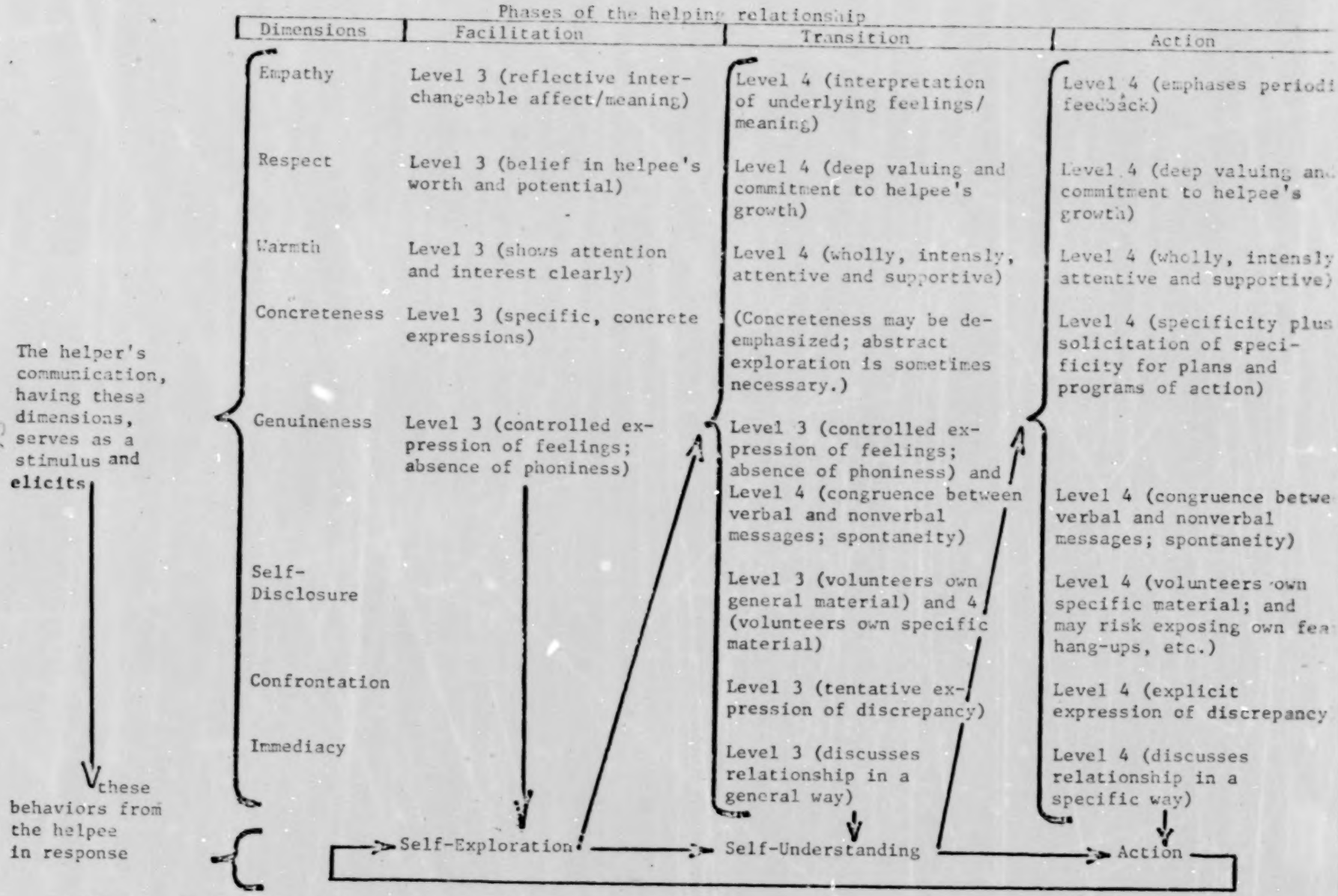
Phases of the helping relationship
Dimensions
Facilitation
Transition
Action
Empathy
Level 3 (reflective interchangeable affect/meaning)
Level 4 (interpretation of underlying feelings/ meaning)
Level 4 (emphases periodi feedback)
Respect
Level 3 (belief in helpee's worth and potential)
Level 4 (deep valuing and commitment to helpee's growth)
Level 4 (deep valuing and commitment to helpee's growth)
Warmth
Level 3 (shows attention and interest clearly)
Level 4 (wholly, intensly, attentive and supportive)
Level 4 (wholly, intensly attentive and supportive)
Concreteness
Level 3 (specific, concrete expressions)
(Concreteness may be deemphasized; abstract exploration is sometimes necessary.)
Level 4 (specificity plus solicitation of specificity for plans and programs of action)
Genuineness
Level 3 (controlled expression of feelings; absence of phoniness)
Level 3 (controlled expression of feelings; absence of phoniness) and Level 4 (congruence between verbal and nonverbal messages; spontaneity)
Level 4 (congruence betwe verbal and nonverbal messages; spontaneity)
Self-Disclosure
Level 3 (volunteers own general material) and 4 (volunteers own specific material)
Level 4 (volunteers own specific material; and may risk exposing own fea hang-ups, etc.)
Confrontation
Level 3 (tentative expression of discrepancy)
Level 4 (explicit expression of discrepancy
Immediacy
Level 3 (discusses relationship in a general way)
Level 4 (discusses relationship in a specific way)
The helper's communication, having these dimensions, serves as a stimulus and elicits
these behaviors from the helpee in response
Self-Exploration
Self-Understanding
Action

FIGURE 2. Helper-offered levels of the core dimensions and helpee behaviors in the phases of helping. (This represents an extension of the figure by Carkhuff, 1969b, p. 101. Prepared by Fred J. Balzer.)

Appendix F

GLOBAL SCALE[1]

1.0	1.5	2.0	2.5	3.0	3.5	4.0
A response in which the helper attempts to neither the content nor the surface feelings of the helpee, discredits, devalues, ridicules, or scolds the helpee, shows a lack of caring for, or belief in the helpee, is vague or deals with the helpee in general terms, tries to hide his feelings or uses them to punish the helpee; reveals nothing about himself or discloses himself exclusively to meet his own needs, passively accepts or ignores discrepancies in the helpee's behavior that are self-defeating, ignores all cues from the helpee regarding their immediate relationship.	A response in which the helper only partially attends to the surface feelings of the helpee or distorts what the helpee communicated, although appears to be congruent with the helpee, by declining to help, ignoring the helpee, responding in a casual way, or giving them advice before really understanding the situation, behaves in a manner congruent with some perceived role he is having, but is incongruent with his true feelings, is neutral in his nonverbal expressions and gestures, is specific in his verbal expressions (e.g., gives advice or own opinion) or solicits specificity from the helpee (e.g., asks questions) but does so prematurely; does not voluntarily reveal, but may briefly answer questions regarding his own feelings thoughts, or experiences relevant to the helpee's concerns; does not accept discrepancies in the helpee's behavior but does not draw attention to them either; comments superficially on communications from the helpee regarding their relationship.	A response in which the helper reflects the surface feelings of the helpee and does not distort the content, communicates his openness to entering a helping relationship, relays to the helpee as a person of worth, capable of thinking and expressing himself and acting constructively, communicates his attention and interest through his nonverbal expressions or gestures, shows that he is open to caring for and believing in the helpee, is specific in communicating his understanding but does not point out the directionality emerging for helpee action, shows no signs of phoniness but controls his expression of feeling so as to facilitate the development of the relationship, in a general manner, reveals his own feelings, thoughts, or experiences relevant to the helpee's concerns; makes tentative expressions of discrepancies in the helpee's behavior but does not point out the directions in which these lead; discusses his relationship with the helpee but in a general rather than a personal way.		A response in which the helper goes beyond reflection of the essence of the helpee's communication by identifying underlying feelings and meanings in addition to the helpee's verbal and is intensely attentive, openly and actively solicits reactivity from the helpee, shows a genuine concern for the helpee, knows whether they are positive or negative and his own behavior and communicates these feelings in a way that strengthens the relationship, freely volunteers specific feelings, thoughts, or experiences relevant to the helpee's concerns (these may involve a degree of risk taking for the helper), clearly points out discrepancies in the helpee's behavior and the specific directions in which these discrepancies lead, explicitly discusses their relationship in the immediate moment.

[1]Rarely if ever would all of the conditions described in each level be represented in a single response; therefore when the scale is used to rate responses, the rater must be guided by the level(s) of the condition(s) that are offered or withheld in the helper's response.

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